1		MARYLAN	STATE DEPARTM	ENT OF HEALTH	-BAL	TIMORE, 1	8			
		6662	CERTIFICA	ATE OF DEATH	1		Reg. Di	st. No.	166	56
1	PLACE OF DEATH o. COUNTY	Caroline	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl		d lived. If institution b. COUNTY	on: Residen	ce before	e admis	
	RURAL and give no		10 Vma	c. CITY OR TOWN (IF or			URAL ond	give near	rest tow	n)
	d. NAME OF HOSPIT OR INSTITUTION	lenderson AL (If not in hospital, give stre None	et oddress)	d. STREET ADDRESS	No	ne			ON A	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Naomi.	Watenpool B	ernhardt	4. DATE OF DEATH	Mon		Doy 28		Yeor 19 58
1	sex Female	White woo	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1/8/1891		9. AGE (In years lost birthdoy) 67 yrs.	Months	1 YEAR Doys	Hours	Min.
10	during most of work Housewife	ON (Give kind of work done 10 ing life, even if retired)	b. KIND OF BUSINESS OR INDU	Penna.	ar foreign c	ountry)		U.S		COUNTRY
13	3. FATHER'S NAME	Louis Wate	npool	14. MOTHER'S MAIDEN N		rner		941		
1 1	(as, no. or unknown)	(If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. 1 12-20-7794B			Add		lary	lar	ıd
1		TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lise for (a), (b), and (c).	wilmer - i	le	mia				TWEEN DEATH
	592X	DUE TO	Theomie Th	repheit	1			2	me	with
	gove rise to it couse (o), stoting lying cause lost.									
CATION	2601/	IER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19	PERFC	RMED?
CEPTIEI		S UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Par	t 11 of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Whi		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City	or town)	(0	County)		(Slate)
		at I attended the dece		1857, to 6	-2 A.					deceased
	unive un	M. I	and that death	accurred of	DORESS IS	n the causes of	ind an th	he date	e state	ed abave

22c. NAME OF CEMETERY OR CREMATORY

Greensboro

1611

ADDRESS

ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE JUL

Greensboro, Maryland

246-REGISTRAR'S SIGNATURE

DATE SIGNED

(State)

VS A15 (4) 15M 10/57

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

Burial

220. BURIAL, CREMATION, REMOVAL (Specify)

23 JUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

The state of the state of the An optional as a requirement of the second o

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6663

CERTIFICATE OF DEATH

06657

(1000				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Caroline	MARYLAND	o STATE	rland b. COUNTY	n: Residence before admission) Caroline
b. CITY OR TOWN (If outside corporate limits, w	c, LENGTH OF STAY IN 16 2 Yrs.	c. CITY OR TOWN III o	outide corporate limits, write RUDIAS DOPO	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION NONE		d. STREET ADDRESS	None	e. IS RESIDENCE ON A FARM? YES NO A.
3. NAME OF First DECEASED (Type or print) Frances	S. #.	Brown	4. DATE Month OF DEATH 6	29 158
324-7199-C 1 (8:3825), L - 10	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 6/14/1869	9. AGE (In years last birthday) yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDU None	STRY 11. BIRTHPLACE (Stole Maryla)		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Samuel Swig	ggett	Catl	herine Mathe	ws
15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, give wor or dates of service) [15] [16] yes, give wor or dates of service)	nformant Verdie Brown	n Ridgely, M	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LA LA LA DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse last. County I DEATH WAS CAUSED BY: IMMEDIATE BY: IMMEDIATE CAUSED BY: IMMEDIATE BY: IMM		ascular Ren		ONSET AND DEATH
	tritional Anem	ia		N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II of item 18.)	
Hour o.m.		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(Caunty) (State)
21. I certify that I attended the de alive an June 28 ACTUAL SIGNATURE SIGNATURE SIGNATURE Charles H.	1958, and that death	accurred at 1 _ A _	June 29, 19 58 M, from the couses of ADDRESS (Street, city or town, someone, Mary)	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOYAL (Specify) 7/2/58	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or Near Goldsbo	oro, Maryland
20) FUNERAL DIRECTOR'S SIGNATURE	reens boro	nd. DATE	D BY REGISTRAR TO REGIST	frar's SIONATURE -educh

1 1 1 1 1 1 1 1 1	HEICATE OF DEATH	200	
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VS A15 (4) 15M 10/57 關

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18

6664 CERTIFICATE OF DEATH

Reg. Dist. No. 06658

	4, 0, 4,	-					Keg. Dist. 1	10.
1. PLACE OF DEATH o. COUNTY	Caroline		MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary]		d lived. If instituti b. COUNTY		
b. CITY OR TOWN	(If outside corporate limit	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	RURAL ond give	nearest tawn)
Rural Go	ldsboro		12 Yrs.	XRural Gol	ldsbo	ro		
d. NAME OF HOSE	ITAL (If not in hospital, o	give street		, d. STREET ADDRESS				e. IS RESIDENCE
OR INSTITUTION	None			1	No	nie		ON A FARM?
3. NAME OF	Fi	rel	Middle	Last	4. DATE	Mor	ah.	
DECEASED (Type ar print)	Beatr		M.	Butler	OF DEATH			Doy Yeor L7 19 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)		AR IF UNDER 24 HRS.
Female	White	WIDOW	ED DIVORCED	3/7/1902		56 yrs.	Months Day	ys Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZEN	OF WHAT COUNTRY
Housewi	orking life, even if retired	,	None	Scotland	3		U.S	5.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
	Donald 1			Eliza	abeth	Mac Cu	llum	
15. WAS DECEASEDEN	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	nemi	Add	lress	
No			12-36-7265	Ann Ross, (Golds	boro, M	larylar	ıd
18. CAUSE OF DE	EATH [Enter only one co	use per li	ne for (o), (b), and (c).]				11	NTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY:		Metastati	ie Carcinom	a of	lungs	0	INSET AND DEATH
180 X	DUE TO							
Conditions, if		777	Renal cel	ll carcinom	n of	the		
gove rise to	immediate	-			a 01	une		
couse (o), stotin		,	rt. kidne	y				
lying couse lost		()()	CONTRIBUTING TO DEATH BUT	A LOV BELL VED TO THE VED		5 604 15 17 104 1 04		. In the same same
PART II. O	2		CONTRIBUTING TO DEATH BUT	NOT KETATED TO THE TEKN	INAL DISEAS	E CONDITION GI	VEN IN PAKI 1(0	PERFORMED?
2 260 X	Diabetes							YES NO
200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING COMMON C	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Por	t II of item 18.)		
	Y MEDICAL EXAMINER)							A TO THE
20c. TIME OF INJU		While	Not while fa	ACE OF INJURY (Home, for clory, street, office bldg., etc.		y or town)	(Coun	ity) (State)
		of wor						
21. I certify	that I attended the	deceas	ed from Nev. 5	1958, to J	une l	7 19.58	,that I last	saw the deceased
alive an	June 17	, 125	\$, and that death	accurred at 8	M, fra	n the causes o	and an the a	date stated above
	10	101				treet, city or town,		DATE SIGNED
SIGNATURE	eerle Y	010	neerefer	MD Green	sbore	, Md.	Jur	ne 19,1958
PHYSICIAN'S NAME (Type)	Charles I	H.St	onesifer, M.	D.				
220. BURIAL, CREMATI	ON, 226. DATE THEREC)F	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
Burial (Specif	" 6/20/	58	Denton		Den	ton, Ma	ryland	1
23. FONERAL DERECTO	R'S SIGNATURE	T. North	ADDRESS	24a. REC	'D BY REGIS	TRAR 245 REGI	STRAR'S SIGNA	
7.6.1	Doul ni	10	Tree MAON	ra Mel DATE	JUN 2 3	28	inedu	ch
		- 80		,				
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A PRODUCTURE AT LETS THE STATE AND A		No. 1, 1915 Province propriet Ser	

FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ple execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. It is should be used on the Chief Medical Examiner's Office along with form PM3. Page 5 may be reformed for your file TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statement of Her are its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

		_		 -	EP	_	,
2000	Page	es.	ofth,	-	+	/	



VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Dan	Dist	Ma			

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	_000		Ttem 14 FilmG2	31 7-1/1-	-58 et	5		Reg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY Cai	roline		MARYLAND	11		Vhere decease	d lived. If institu b. COUNT		nce befor	
b. CITY OR TOWN III	Denton	FURAL	c. LENGTH OF STAY IN 16	c. CITY OF		outside corpo	orate limits, write	RURAL and	give nea	rest lawn)
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET	ADDRESS					ON A FARMS
3. NAME OF DECEASED (Type or print)	RUTH	s†	Middle .	CANNO		4. DATE OF DEATH	June	30	Day	Year 1958
s. sex Female	White	WIDOWE		Sept	3,19	938	2. AGE (In years lost birthday) 19 yrs.	Months C		F UNDER 24 HRS Hours Min.
during most of working	ON (Give kind of wark even if retired)	dane 10b. I	home		Mary]		untry)		ISA	WHAT COUNTRY
13. FATHER'S NAME	0-1	4		14. MOTHER'S	MAIDEN	NAME				
Jerma	an Sockri	ter		De	lta Pi	hillips	3			
15. WAS DECEASED EV	ER IN U. S. ARMED FO Jif yes, give wor or dofes of	RCES? service) 16.	SOCIAL SECURITY NO. 17, I	NFORMANT		annon,	Address	n, Md		
Canditions. if a gave rise to imme. (a), stating the cause last. PART II. OTH 20a. EXTERNAL CAL PRIMARY Drar COI CAUSE OF DEATH.	diale cause underlying DUE TO		DITRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PART		WAS AUTOPSY PERFORMED?
20c. TIME OF INJUI	USE WAS NTRIBUTING 20 RY found Day, Year	Str 20d.		CE OF INJURY (Hame, form	. 20f. (City o		(Cour		(State)
p. m.	6/30/58 19		rk al wark 📭 W	oods		De	nton	Carol	ine	Marylar
			remoins described obc	, Suicid	e [], [domicide AMINER		rmined m	onner	OND IN MY
		Lovit	ct, Jr., M.D.	DEPUTY		EXAMINER [1/58	
120. BURIAL CREMATIC BUDYA ORIGITY)	July4	, 19	8 NAME OF CEMETERY OF	PE		22d. LOCATA	olykas,	or John ()		(State)
23. FUNERAL DRECTOR	is signature his	ner	for Date	whed,	240. REC'I	UL 9 '5		STRAR'S SIGN	-	

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FOR STATE

HEALTH DEP

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funcial director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related for your files.

TO FUNER ZEDIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sto. Loard of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE	DEPARTMENT OF	HEALTH-BALTIMORE,	18
SESMEDICAL EX	AMINER'S CERT	TIFICATE OF DEATH	P

Reg. Dist. No. 6559

o. COUNTY Caro	line		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland. b. COUNTY Caroline						
b. CITY OR TOWN III outside corporate	fimits, write RURAL	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (f outside cor	porote limits, write	RURAL and	give neare	est town)
Rural Ridgely		1 Hr.	X	Rural He	nders	on			
d. NAME OF HOSPITAL OR INSTIT		expitat, give street address)	1	d. STREET ADDRESS	Nor	ne			IS RESIDENCE ON A FARMS
3. NAME OF	First	Middle		Last	4. DATE	Mont	n II.	Doy	Year
(Type or print) Pres	ley	E.	Cas	еу	OF DEATH	6	274	5	1,58
5. SEX 6. COLOR C	OR RACE 7. MARR	IED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years light builday)			UNDER 24 HRS
Male Whit	e widowi	DIVORCED	7	/12/1912		45 yrs.	Months D	Days Ho	ours Min.
00. USUAL OCCUPATION (Give kind during most of working life, even if Farm Laboror	f retired)	KIND OF BUSINESS OR IN NONE	NDUSTRY	North C				S.A	HAT COUNTRY
13. FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME				
Vince	nt Case	y		Nanny	Hole	ebrook			
15. WAS DECEASED EVER IN U. S. A	RMED FORCES? 16	SOCIAL SECURITY NO.	17. INFO	THAM		Address			
(Yes, no, or unknown) (If yes, give war	or dates of service)	Unknown	Clev	reland Ca	asey	Goldsb	oro,	Mary	rland
18. CAUSE OF DEATH [Enter onl	y one couse per line	far (a), (b), and (c).		0				INTERVAL ONSET AN	BETWEEN ID DIATH
PART I. DEATH WAS CAUS	SED BY	returned 1	100	K+ SK	-ull	1_		in	dect
825X	DUE TO							1	
Canditians, if any, which)	(b) {/	setermont	11	Musel	1			100	1110
gove rise to immediate couse	DUE TO	W-VI MAL		Janua				1	7,00
(o), stating the underlying cause lost.									
	(c)	ONTRIBUTING TO DEATH	BUT NOT I	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19 V	VAC ALITOPSY
3					III YAL DISEAS	L CONDITION ON	ZIN IIN I AKI		ERFORMED?
PART II. OTHER SIGNIFICATION OF THE PART III. OTHER SIGNIFICA	20b. DESCRIE	CLULOMIN	ED. (Enter	noture of injury in Par	et lar Pari II	of item 18.)			
3 20c. TIME OF INJURY Month,	Day, Year 20d.	INJURY OCCURRED 200	PLACE O	F INJURY (Hame, fare	m, 20f. (City	or tawn)	- (Caur	ntyl	(State)
20c. TIME OF INJURY Month,	Whi		factory, s	street, affice bldg., etc	1	OPI	0.1.	(0,00	a. my
			-	hury 31		an lun	yery	T	auc
21. I certify that I took			1.1			nspection 🔽		46	and in my
opinion death resulted fr	ram: Natural	causes, Accide	ent X	Suicide [],	Homicide	, Undete	rmined m	anner	
ACTUAL SIGNATURE ACCUS	0490	Inna.	M.	CHIEF MEDICAL E	XAMINER [D	ATE SIGNED
		10/1		ASSISTANT MEDIC	AL EXAMINE	R		1/2	-10
EXAMINER'S DAWS	on O. Ge	orge		DEPUTY MEDICAL	EXAMINER [X		6/7	3/00
220. BURIAL CREMATION, 22b. DAT REMOVAL (Specify) 6/2	E THEREOF	Greensbo		MATORY	Gre Gre	TION (City, town, ensboro	, Maj	ryla	(Stole) nd
23. AUNERAL DIRECTOR'S SIGNATURE	00	ADDRESS		24a. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SIGI	NATURE	
7. E. 120cel	LA INTA	reenstor	n Y	nd. DATE	JUN 2 6	'58	3. 0.2	n k .	

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necessary, please	director. Page	far your files.	Sard of Health,	crematian, or removal, and in any event within 72 hours after death.
y delay is	he funera	e retai	he Sta	er death.
oth. If on	and 3 ta t	5 may b	d 2 with t	hours aft
s after de	ges 1, 2, 4	M3. Page	ges I and	wighin 72
n 24 haur	Give Pa	th form P.	. File po	any event
red within	Item, 18.	alang wi	sit permit	and in
y be exect	pencil in	r's Office	urial-trans	r remova
cafe should	ending" in	I Examine	sed as a b	crematian, or removal, and in any event within 72 hours after death
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 67MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND Caroline Talbot Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Greensboro Hr. Easton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 36 Aurora YES NO W None 3. NAME OF 4. DATE First Middle Lost Month Yeor DECEASED (Type or print) Willia m Caulk DEATH 6 58 James 19 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. foet birthday) Months Days Hours Male White WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Store U.S.A. Store Keeper Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Caulk Annie Mullikin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Easton. lyes, no. of unknown? [If yes, give war or dates of service] 220-32-036301a Mullikin Scyamore Ave. No 1B. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Cardiac Infarction IMMEDIATE CAUSE (o) seconds **DUE TO** Conditions, if ony, which) Chronic coranr insufficiency gave rise to immediate cause DUE TO (e), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO. YES 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . and in my opinion death resulted from: Natural causes Suicide . Homicide . Undetermined manner Accident . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Dawson O. George 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) (Stole) 16/58 Spring Hill Easton, Maryland ADDRESS 23-EUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERA FORECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Stot Sand of Health, or its designated agent, prior to buriof, cremation, ar remayal, and in any prent within 72 hours after death.

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5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CCCO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06661

0000				Reg. Dist. No.
1, PLACE OF DEATH o. COUNTY Caroline	MARYLAND 2.	O. STATE	nere deceosed lived. If institution	tion: Residence before admission) Caroline
b. CITY OR TOWN Itt eutride corporate limits, write RURAL and give nearest town)	rs. X		outside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street None		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	ddle	Lost	None Month Month	
(Type or print) Grace Cove		ole	DEATH 6	28 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED 1-NEVER M Female White WIDOWED DIVO	ORCED B. DAT	/19/1886	9. AGE (In years lost birthday) 72 yrs.	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during most of working life, even if retired)	SS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife None		Marylar		U.S.A.
13. FATHER'S NAME		MOTHER'S MAIDEN NA		
Nathaniel Faulkne 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT		Mary V.	Address	
[Ves. no. er unknown] [If yes, give war or dates of service] None		rles H. (Cole Ridgel	Tr Montel and
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Q76 X DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (c)	(c).) I work	emonto e	chest	INTERVAL BETWEEN ONSET AND DEATH PLECELIFIE
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING CAUSE OF DEATH.				EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED. (Enter	nature of injury in Part	l or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR While Not while at work at work		F INJURY (Home, form, treet, affice bldg., etc.)	Pual Pedye	le Cerslin me
21. I certify that I took charge of the remains desc			Array.	
opinion death resulted from: Natural causes,	Accident	Suicide X, H	amicide [], Undeter	mined manner
SIGNATURE A CHISCOTO GEORGE	M,			DATE SIGNED
EXAMINER'S Dawson O. George		DEPUTY MEDICAL E)		6/28/58
220. BURIAL, CREMATION, 22b. DATE THEREOF Ridge	CEMETERY OR CREA	MATORY	Ridgely, Ma	r county) (Stole)
25 PUNERAPOIRECTOR'S SIGNATURE ADDRESS	W very	d. DATE JUL	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
W. Tables				Live h

VS A15 (4) 15M 9/55

.MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6669

CERTIFICATE OF DEATH

06662

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND 2	2. USEAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY aroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest temp)	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) ELTZABETH (C	CEORGE 4. DATE JUNE 10 1958
WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME? Edward M. Carey	14. MOTHER'S MATTEN NAME RECTALL SOURCES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? To. SOCIAL SECURITY NO. 177. INFO	D. O. George Seta Sud.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTONARY OCCLUS	interval between conset and death
Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause last. DUE TO Coronary sclero (b) DUE TO (c)	osis a year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTION CONTRIBUTIO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jn. p. m. 19 While Not while at work at work	E OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bldg., etc.)
21. I certify that I attended the deceased from Feb alive an February 19 58, and that death at ACTUAL SIGNATURE	ADDRESS (Street, city or town, state) DATE SIGNED TIME 19 10 10 10 10 10 10 10 10 10 10 10 10 10
PHYSICIAN'S E. Paul Knotts M.D.	Den ton
220. BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)	REMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DITE	DATE JUN 1 7 '58 246 REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6671 **CERTIFICATE OF DEATH** Reg. Dist. No. 6664

	PLACE OF DEAT	Caroline		MARYL		o. STATE		ere decessed Land	l lived. If instituti b. COUNTY	on: Residen	lir	re admiss	sion)
	b. CITY OR TOV	NN (If outside corporate limitive nearest town)	ts, write	c. LENGTH OF STAY II	V 16	c. CITY OR TOV	VN (If or	ulside corpo	rote limits, write R				n)
	Greens			38 Yrs.		< Gree	nsb	oro					
	d. NAME OF H	OSPITAL (If not in hospital, g ION NON		oddress)	1	d. STREET ADD	RESS	None	2	2	72		FARM?
3.	NAME OF	Fir		Middle		Lost		4. DATE	Mor	ub	Do		Yeor
	DECEASED (Type or print)	Washington		Laird	Gol	ldsboro	ugh	OF	6		8	,	1958
	sex ale	6. COLOR OR RACE White	7. MARE	ED DIVORCED	-	DATE OF BIRTH			9. AGE (In years last birthday) 88 yrs.	Months Months	1 YEAR Days	Hours	Min.
100	USUAL OCCU	PATION (Give kind of work f working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE	E (Stote o	or foreign co	ountry)	12. CIT	IZEN C	F WHAT	COUNTRY
	Retire	D A . A	1	None		Mar	vla	nđ		U	.S.	Α.	
	FATHER'S NAM			210110		14. MOTHER'S MA	4						
		Washingt	on E	. Goldsbo	rous	rh	Mar	tha I	bried				
15.	WAS DECEASE	DEVER IN U. S. ARMED FOR			17. INFO		211.01.2	OIIC -	Add	ress			MD/
	Yes	S.PA. Wa:	r N	one	Ka	atharin	e E	. Go:	ldsboro	ugh	Gre	ens	boro
	18. CAUSE OF	F DEATH [Enter only one co									INT	ERVAL BE	TWEEN
	PART I	. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1		Bro	nche-pn	eum	onia			ON	7 de	
	491X	DUE TO										1	
	Conditions,	if ony, which) (b											
		to immediate (
	lying couse	lost.	1										
Z	PART II	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO TH	ETERMIN	NAL DISEASI	CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
ICATIC		Ge	nera	lized Art	eric	scleve	sis					PERFC	NO [
CERTIFICATION	20a. ACCIDEN OR CONTRIBU (IF EITHER, NO	T WAS UNDERLYING ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature of in	ijury in P	ort 1 or Port	II of item 18.)				
MEDICAL	Hour o	NJURY Month, Day, Ye . m. 19	While of wor	NoI while	Oe. PLACI foctor	Of INJURY (Hon y, street, office blo	ne, form, dg., etc.	20f. (City	or town)	(4	County)		(Stote)
	21. I certif	y that I attended the	deceas	ed fram May	20	, 19.58, 1	ta_J	une 8	1958	that I	last se	aw the	decease
	alive an	June 8.	. 19 4	58, and that o						and an t	he do	te state	ed abave
		110	10	1					reet, city or town,				ATE SIGNE
	ACTUAL	Suarle X	91	neevak	M.I	Gre	ens	boro,	Md.	6,	/9/	50	******
	PHYSICIAN'S NAME (Type)	Charles H	. St	onesifer,	M.1	D.							
220	BURIAL, CREM	AATION, 226. DATE THEREC)F	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCAT	ION (City, town,	or county)		(Stot	e)
	Cremat	ion 6/10/	58	Silverbr	ook			Wilm:	ington.	Del	awa	are	
23.	JUNERAL DIREC	OR'S SIGNATURE	4	ADDRESS	71	m 1 24			RAR 24b. REGI				1,5,
-		- mus	1	CONGO	w.	11400	nit.		2000		~		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH director, ited with 1. PLACE OF DEATH / 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY Ab. COUNTY MARYLAND eral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If a tside carporate limits, write RURAL and give nearest tawn) pe RURAL and give negrest lown) ploods d. NAME OF HOSPITAL (If not in hospital) give street address) d. STREET ADDRESS . IS RESIDENCE 00 ON A FARM? YES NO 3. NAME OF IRVEN Middle 4. DATE DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days WIDOWED 1 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY doring most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 SINFORMANI Address attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b).) and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c) **DUE TO** Canditians, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO I RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Not while of work p. m. of wark 21. I certify that I attended the deceased from Apr. and that death occurred at 9:30 Am, from the causes and on the date stated above. alive on. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Greensbore, Md. 0 ā PHYSICIAN'S Charles H. Stonesifer. NAME (Type) 220. BURIAL, CREMATION, (226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION City, tawn, or county) TO FUN (Stote) EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRA 24b_REGISTRAR'S SIGNATURE JUN 2

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6674 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Caroline		MARYI	14	USUAL RESIDENCE (W. STATE Mary:		lived. If institution b. COUNTY	n: Residence l Caro	
b. CITY OR TOWN RURAL ond give	(If outside corporate limi nearest town) Eralsburg	ts, write	22 Jears	IN 16	c. CITY OR TOWN (IF	outside corporo ralsburg		IRAL and give	nearest town)
OR INSTITUTION	ITAL (If not in hospitol, galactic Academy Ave.)		(dress)		d. STREET ADDRESS	Academy	Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Geor	gia	Middle Anna		urphy	4. DATE OF DEATH	Monti		Doy Yeor
Fema.le	6. COLOR OR RACE White	WIDOWED	DIVORCE	D A	ugust 2, 1	884	lost birthdoy) 75 yrs.	Months Do	EAR IF UNDER 24 HRS. bys Hours Min.
10a. USUAL OCCUPATE during most of wo Housey	ON (Give kind of work of rking life, even if retired TOPK	done 10b. K	Home	R INDUSTRY	11. BIRTHPLACE (SION		Marylan		N OF WHAT COUNTRY
13. FATHER'S NAME				14	MOTHER'S MAIDEN				
	ison Stevens		7.2 4		Sarah Me	rrick			
IYes, no. or unknown	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	14-18-4907	Mrs Mrs	1 1.5	sick, F	Addre ederalsb		aryland
PART I. DE LL 20, / Conditions, if gove rise to couse (a), stoling lying couse lost.	the under-	A.	myocard spertension	iel u	farction disvasce	ular o	hisease		INTERVAL BETWEEN ONSET AND DEATH
3 260X	HER SIGNIFICANT CON	De	abetes	me	lletus			N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OC	CURRED. (Er	ter nature of injury in	Port I or Port II	l of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea	While of work	Not while	20e. PLACE (factory,	OF INJURY (Home, for street, office bldg., et	m, 20f. (City o	r town)	(Cour	nty) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	And I attended the 6-24- Source John	C.		M.D.	202 Se	AM, from ADDRESS (Stree Hygh a Eovo	the causes are et, city or town, si	nd on the lote)	t saw the deceased date stated above DATE SIGNED
REMOVAL (Specify BULL 8 23. FUNERAL DIRECTOR	June 30, J	958	Eldorado	Cemete	240 850	Near	rederals	RAR'S SIGN	Maryland
J.J.Frampt	om and Son,	Feder	ralsburg,	Maryla	nd DATE		0	esuch	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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	PLACE OF DEATH	roline		MAR	YLAND	2. USUAL RESII	DENCE (When	re decease nd	d lived. If institution b. COUNTY		nce befo		sion)
	b. CITY OR TOWN (III RURAL and give ne	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg — Rural											
	d. NAME OF HOSPIT, OR INSTITUTION	AL (If not in hospital, g Locke Nur				d. STREET A	DDRESS Denton	Road				e. IS RES	FARM?
	NAME OF DECEASED (Type or print)	E <u>li</u>		O .		Russum		4. DATE OF DEATH	June	h 1	Do		Year 19 58
	Male	6. COLOR OR RACE	WIDOWED	DIVORCE	ED 🔲	8. DATE OF BIRTH	. 1861		97 yrs.	IF UNDER	Days	Hours	ER 24 HRS. Min.
10a	during most or work	ON (Give kind of work of ing life, even if retired) Farm Labor		Farm	OR INDU				Delawar		U.S		COUNTRYS
13.	FATHER'S NAME Eli J	Russum				14. MOTHER'S	MAIDEN NA Lotta	-	on				
		R IN U. S. ARMED FORG		None		nformant ary Wash	ington	, Fed	Adda leralsbur		1., 1	R.F.	D.
	PART 1. DEAT 4-22.1	TH [Enter only one col TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO		Chr	oni	e Myeca						RVAL BE	
	Canditians, if an gove rise to in couse (o), stating t lying cause lost.	nmediate (Gen	era.	l Arter	lesci	.eres	315				
CERTIFICATION		ER SIGNIFICANT CONE	Uhaer	ite Brem	chi	tis				N IN PAR	T 1(o) 1	PERFO	AUTOPSY PRMED? NO []
L CERTII	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)												
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yea	While	Not white of work	20e. PL	ACE OF INJURY (History, street, office	tome, form, bldg., etc.)	20f. (City	or tawn)	(County)		(Stote)
	21. I certify the alive an	thine 10	_, 12.51	, and that	death	occurred at	12:30A	M, fran DDRESS (Si	11, 1958 of the causes at reet, city or town, s	nd on t	he da	e state	ed above. ATE SIGNED

PHYSICIAN'S NAME (Type)

Charles H. Stonesifer, M.D.

220. BURIAL, CREMATION, REMOVAL (Specify)
Burial June 14,1 June 14,1958 22c. NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery

22d. LOCATION (City, town, or county)
Federalsburg, "aryland

23. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland

246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE JUN 1

may be retained by the haspital ar attending physician.

TO FUNE WORKECTOR: After this certificate has been signed by the attending physician and campletely filled page 3.3. Ald be detached far use as the hursalist and the hursa TO HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

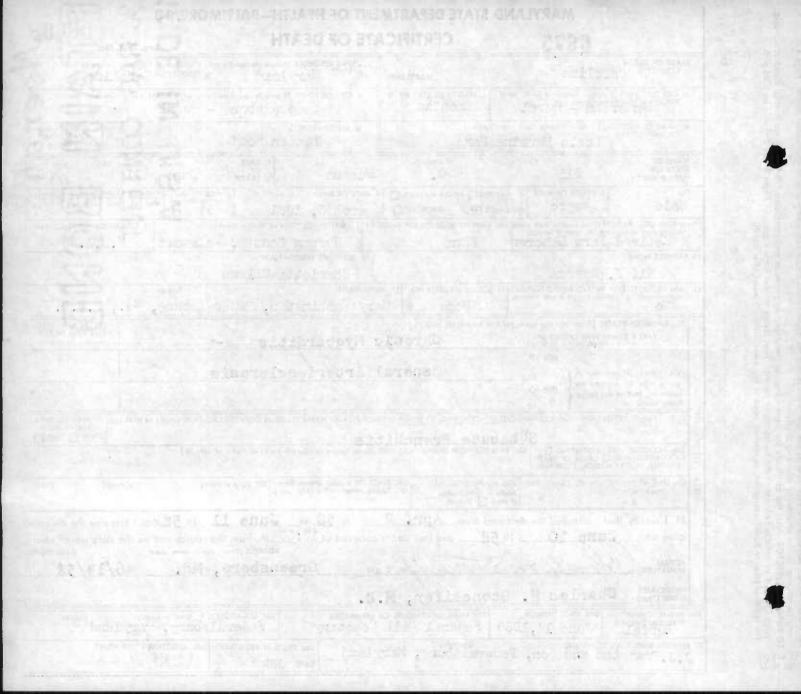
Then please remave carban papers.

Id be detached for use as the burial-transit permit.

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after death.

the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6676 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06669

								reg. oran. re	
PLACE OF DEATH	Caroline		MARYL	AND	2. USUAL RESIDENCE O. STATE Max	E (Where decess yland	ed lived. If institu b. COUNT	(1)	
b. city or town () and give recrest lower Federa		* RURAL	c. LENGTH OF STAY IN		c. CITY OR TOWN	oderalsb		RURAL and give	negrest town)
	r Road	If not in ho	spital, give street address)		d. STREET ADDRES				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	fir Man		Mae		Sampson	4. DATE OF DEATH	Mont June	h Doy	Yeor 19 58
5. sex Female	6. COLOR OR RACE	7. MARRI WIDOWE	D DIVORCED	-	Date of Birth December 1	6, 1911	9. AGE (In years lost birthday) 46 yrs.	Months Doys	IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATION of working most of working Houseway	ng life, even if retired)	done 10b.	Home	-	Y 11. BIRTHPLACE (S			J.S.	A.
13. FATHER'S NAME Monro	e Jenkins				14. MOTHER'S MAIDE Sallie	Philli	ps		
15. WAS DECEASED EV	/ER IN U. S. ARMED FO (If yes, give war or dates of	service	social security no.		FORMANT Tillie L. S	Sampson,	Federal		1.
Conditions, if a gave rise to imme (o), stating the cause lost.	diate couse)	Cerebral v	ess	sel aneur	ism	pr		several ears
CASE			ONTRIBUTING TO DEATH					VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m.		or 20d. Whil		PLACI	E OF INJURY (Home, y, street, affice bldg.,	form, 1 20f. (City		(County)	(Stote)
opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	resulted from: awson 0.G	Natural beorg		ent [, Suicide [], M.D. CHIEF MEDICA ASSISTANT ME DEPUTY MEDIC	Hamicide L EXAMINER DICAL EXAMINE CAL EXAMINER	Undete	6-11-58	DATE SIGNED
220. BURIAL CREMATIC REMOVAL (Specify Burial	June 14	,1958	Johns Ceme	ter	У	Near		n, Maryla	
J.J.Frampt	tom and Son	, Fede	eralsburg, M	aryl	and DATE	JUN 1 6 '5		ESTRAR'S SIGNATE	IRE

VS. A15ME

ALARYLAND STATE OFFEIT MENT OF HEALTH BALTIMORE THE

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VS A15 (4) 15M 9/55 CERTIFICATE OF DEATH

Reg. Dist. No. 0667()

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	O. COUNTY CAROLIN E MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
-	b. CITY OR TOWN (If autide corporate limits, write RURAL and give negret Jown)	c. CITY OR TOWN (If oftside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	NAME OF DECEASED (Type or print) FLORENCE SAWYE	R PAFFORD 4. DATE OF DEATH JUNE 30 1958
	6. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH SINGLY 28 1865 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or enknown) Ilf yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 7.	his Bessie Spofford Denlow had
	Conditions, if ony, which gave rise to immediate (b) Generalize	cular Renal Disease ed Arteries cleresis
	couse (a), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Diabetes Mellity	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I ar Part II af item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. 19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from Feb. 2 alive an June 29, 1958, and that death ACTUAL SIGNATURE CLUBBLE No Taxes for	5, 1958, to June 30 , 1958, that I last saw the deceased accurred at 7/30/FM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. Greensbore, Md. 6/30/58
		, D.
	220. BURIAL, CREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY C	mound horaria few forks
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 2 158

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MARKING STATE OFFICE OF STATE

FOR STAT HEALTH DEP

its designated agent, prior to buriof, cremation, ar removal, and in any event within 72 hours after death.

y is necessary, pleose and director. Page d for your files.

Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06671

	0040						Keg, Dist. 190	0.000
PLACE OF DEATH	Caro	oline MARYLAI		o. STATE Mar	here deced			
Rural Gre	ensboro	c. LENGTH OF STAY IN 42 Yrs.	16	c. CITY OR TOWN (IF Rural Gr			RURAL and give r	neorest town)
d. NAME OF HOSPITAL	None None	ot in hospital, give street address)		. STREET AGGRESS		None		e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print)	Fletcher	Middle W	arn	er	4. DATE OF DEATH	Mont 6	h Doy	Year 19 58
Male		MARRIED NEVER MARRIED DEPORTS DIVORCED				9. AGE (In years lest birthday) 42 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
on USUAL OCCUPATION Tarm Lab	(Give kind of wark don life, even if retired) OPOP	None	JUSTRY	11. BIRTHPLACE (Slote Maryla	ar foreign	country)	U.S.	A .
13. FATHER'S NAME F1	etcher War	rner	14	I. MOTHER'S MAIDEN N	_	rude 0	oston	
15, WAS DECEASED EVER [Yes, no y unknown] (I	IN U. S. ARMED FORCE			rmant llie Warn	er	Address		Marylan
Canditions, if any gave rise to immedia (a), stating the uncause lost.	ote cause	J						
PART II, OTHE		ONS CONTRIBUTING TO DEATH B						PERFORMED? YES NO
20c, TIME OF INJURY Hour e. m. p. m.		20d. INJURY OCCURRED 20e. White Not while of work 1	PLACE (factory,	OF INJURY (Home, farm street, office bldg., etc.	20f. (Cit	y or fown)	(County)	(State)
21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner								
Burial 23 JUNERAL DIRECTOR'S	6/11/58 SIGNATURE	Prens Open	nd h	National 240. REC'I	GLO D BY REGIS JN 1 1	had married and harmen had	ind, N.Y	RE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy executs, the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fune 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be ref. TO FUNESAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Same 20 VS. AISME 5M 2/57

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ADDRESS

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(State)

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR JUN 1 9

0 15M 9/55

FUNERAL DIRECTOR'S SIGNATURE

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	(a) that (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
	Sent to the property of
	Service and seek to